


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 20, 2005 8:00 am
Secretary of State

07-20-2005 90028 049 ***150.00

| | |
|---|---|
| DOCUMENT # 405183 |  |
| 1. Entity Name MILLMAN & ASSOCIATES, INC. | |

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|---|---|
| Principal Place of Business 16105 NE 18 AVE N. MIAMI BEACH, FL 33162 US | Mailing Address 16105 NE 18 AVE N. MIAMI BEACH, FL 33162 US |
|---|---|

50056402

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|--|--|
| 2. Principal Place of Business 8614 W. ST. RD 84 | 3. Mailing Address 8614 W. ST. RD 84 |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |

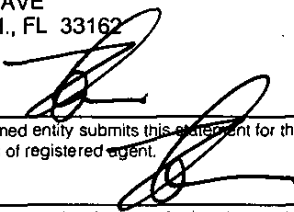
| | |
|---------------------------------|----------------------------------|
| City & State DAVIE FL | City & State DAVIE, FL |
| Zip 33324 | Country |
| Zip 33324 | Country |



07132005 Chg-P CR2E034 (10/03)

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| 4. FEI Number 65-0296518 | Applied For <input type="checkbox"/> Not Applicable |
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|---|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
|---|---------------------------------------|

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|--|--|
| 6. Name and Address of Current Registered Agent MILLMAN, HARRIS M 16105 NE 18 AVE N MIAMI BCH., FL 33162 | |
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|--|------------------------------|
| 7. Name and Address of New Registered Agent | |
| Name | |
| Street Address (P.O. Box Number is Not Acceptable) | 8614 W. STATE ROAD 84 |
| City | DAVIE FL 33324 |

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.
HARRIS M. MILLMAN, PRES.

SIGNATURE _____ DATE **7-14-05**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

| | | |
|---|--|--|
| FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. |
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| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|---|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PST MILLMAN, HARRIS M 16105 NE 18 AVE N MIAMI BCH., FL <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with another like empowered.

SIGNATURE:  **7-14-05** **305-992-6445**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
HARRIS M. MILLMAN, PRES.